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A Deleuzian rethinking of time in healthy lifestyle advice and change

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Abstract

Time is a powerful but under-examined element in healthy lifestyle advice, particularly in the promise of stable states of future health achievable through sustained lifestyle change. But such linear, sequential time frames reinforce notions of rational choice, personal control, and responsibility despite common experiences of diet and exercise regimens as non-linear, effortful, and difficult to maintain. An over-simplification of time thus contributes to the logic of blame when people fail to achieve healthy lifestyle goals, producing spoiled health identities and abject bodies as people struggle to sustain what can be unsustainable. Addressing these problems, we argue that Deleuze's philosophy offers tools to develop an alternative approach in health promotion. Deleuze affords a conceptualisation of multidimensional, embodied, and affective temporalities of health, which give rise to plural subjectivities and disrupt linear models of time. This framework affords a recognition of multiple time frames, such as histories and imagined futures that form part of a living present and shape lifestyle behaviours and identities. Deleuzian concepts that tie into his philosophy of time and form his process ontology, including monism and rhizomes, affect, becoming, and assemblages, are discussed in relation to health promotion. The article concludes that Deleuze offers a critical theory of time that enables a mapping of the ways that people embody

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multiplicity, non-linearity, and fluidity as they negotiate healthy lifestyle advice. His concepts illuminate ways in which people can be oppressed and limited by discourses of healthy living, but also point to new, more affirmative directions for health promotion and healthy lifestyle advice.

1 | INTRODUCTION

In this paper, we make a case for the importance of considering time in health promotion. In so doing, we contribute a new direction for critical health psychology and its critique of individualist health approaches, as well as opening avenues for how lifestyle-focused health promotion might be transformed through consideration of Deleuze's philosophy of time.

There is a small but important literature suggesting that time pervades how people make sense of their engagement with healthy lifestyles in ways that produce lived experience of eating and exercise practices as contingent, dynamic, embodied, affective, and temporal (Coleman, 2008, 2010; Jowsey, 2016; Warin, Zivkovic, Moore, Ward, & Jones, 2015). But such complexity is absent in the temporal assumptions of the social-cognitive and behavioural models that dominate contemporary health promotion and which largely present lifestyle change as a simple-to-achieve, linear process (Baum & Fisher, 2014). The disjuncture between how time is constructed in health promotion and the experiences of those targeted by lifestyle advice creates significant potential for tension and stigma (Warin et al., 2015; Williams, 2011). This is an ethical issue, but it also raises issues of efficacy and may explain some of the complexity in findings that many people targeted by health promotion fail to engage in a sustained way with healthy lifestyle advice, particularly in relation to eating and exercise (Baum & Fisher, 2014; Fothergill et al., 2016; Lupton, 2004, 2014; Redman, Spencer, & Sanson-Fisher, 1990).

In this paper, we therefore consider and theorise the importance of time in lifestyle-related health promotion. To do so, we present aspects of Deleuze's concept of time; locate them within his wider philosophy; discuss how they enable time and healthy living to be differently understood as multiple, fluid, embodied, and affective; and consider attendant implications for health promotion.

2 | TIME IN HEALTH PROMOTION

Non-communicable or "lifestyle diseases" are the leading cause of death for men and women worldwide. In response, national and global healthy lifestyle advice advocates management of diet and exercise, with a particular focus on weight loss as a means of reducing risk (American Heart Association, 2018; National Health Service Choices, 2018; World Health Organization [WHO], 2018). The WHO advocates a social-ecological framework for health promotion, incorporating multilevel environmental, social, economic, governmental, legal, and interpersonal influences on individuals' health and behaviour (Bronfenbrenner, 1977; WHO, 1986, 2018). But as Golden and Earp (2012) and Baum and Fisher (2014) conclude, most lifestyle-related health promotion follows social-cognitive and behavioural models that primarily target individual behaviours and characteristics. Such models carry an implicit understanding of time as a linear process. For example, in the theory of planned behaviour (Ajzen, 1991) and social-cognitive theory (Bandura, 2004), the assumption is that information from expert sources, such as health care professionals, public health campaigns, advertising, and other media, will influence individuals' understanding of risk and beliefs in their capacities to change that in turn influence behaviour. Sequential processes also underpin the ways that social influencers (e.g., peers, teachers, or family members) are conceptualised as shaping individual's risk perception and, consequently, behaviour (Bandura, 2004; Lindridge, MacAskill, Gnich, Eadie, & Holme, 2013).

Time is also present in individualistic approaches to health promotion that often construct a temporal gap between the present flawed self who is in need of lifestyle change and advice and two possible future selves—a feared unhealthy self who does not follow simple advice or a positive future self who does (Evans, 2010). Time is therefore integral to health promotion that focuses on producing individual changes in lifestyle through the evocation of desired or abject future selves in relation to a linear timeline (Warin et al., 2015). The linear processes evoked in such health promotion construct individuals as making agentic, rational, and *sequential* decisions to protect or undermine their health (Armstrong, 1995; Sparke, 2016; Thirlaway & Upton, 2009). Such drawing of causal and deterministic time frames reinforces individual responsibility for health and, by implication, ill health. This tying together of health with individual responsibility is characteristic of how health is constructed within neoliberal rationality and critiqued within critical health psychology for ignoring the multifactorial processes of ill health and creating stigma, blame, and guilt, especially for those diagnosed with illnesses in the expanding category of “lifestyle diseases” (Crawford, 2006; Korp, 2010; Riley, Evans, & Robson, 2018; Willig, 2011).

The linear temporalities of health promotion, implied in the processes of moving from unhealthy to healthy lifestyles, construct an endpoint of an easily maintained, stable state of health (Gard & Wright, 2001, 2005; Hansen & Easthope, 2007; Lupton, 2014). But such discourses do not reflect biomedical studies that indicate the rarity of substantial and sustained weight loss (e.g., Fothergill et al., 2016). And a denial of the effortfulness and non-linearity of lifestyle change makes abject the bodies of those who do not achieve or sustain change (Puhl & Heuer, 2010; Tischner & Malson, 2012). For example, Meleo Erwen (2015) described how participants who had undergone bariatric surgery but failed to sustain weight loss found their cycling through diets and weight gain distressing and even frightening in the context of social understandings of weight loss as achievable and sustainable.

References to death—the inevitable outcome of a life however lived—are confined in lifestyle advice to fear-evoking warnings to the individual who does not engage in lifestyle change (Lupton, 2014; Petersen & Wilkinson, 2008). Health is constructed as a stable state at the moment that health is achieved, with the implication that ill health will be averted indefinitely once an ideal weight, diet, or exercise regimen is achieved. This means that there are powerful absences in health promotion relating to the spatio-temporality and fragility of normative health that occur for all people because of the fluidity of health and inevitable process of ageing (Colombat, 1996; Garland-Thomson, 2011). Lifestyle health promotion thus fails to normalise or offer affirmative constructions of ageing and death.

Further problems in relation to the temporalities of health promotion are raised in the analysis of its “futurism” in which an uncertain future shapes an anxious present (Adams, Murphy, & Clarke, 2009). As Crawford (2006, p. 508) argued, in creating an understanding of health as a risk to be identified and then managed, health promotion produces a “pedagogy of danger” that creates a sense of jeopardy in the “telescoping” of future ill health into a healthy present. Adams et al. (2009) and Evans (2010) raise concerns over the ramifications and affects of “anticipatory regimens” of health, which are reflected in research reporting anxiety and fear in people engaged in lifestyle change (Meleo Erwen, 2015; Robson, 2016).

Time is also implicated in how socio-economic status influences responses to health promotion. Warin et al. (2015) argued that health promotion ignores the lived experiences of people who lack resources. Their “short horizons” are limited by and to a daily struggle to eat and secure basic needs, which means they resist the futurity of lifestyle advice. Lived experiences around pleasure are also often ignored in health promotion, which absents the affirmative ways that people eat, drink, and exercise as part of a full and rich present (Vogel & Mol, 2014), or how they negotiate the future and past in ways that buffer against anxiety-evoking advice, achieve acceptance of inevitabilities, and live a bearable life.

In this section, we have described a variety of critiques of how lifestyle health promotion explicitly or implicitly constructs time, including how multifactorial processes of ill health and the inevitable process of ageing are neglected; how individuals are stigmatised through its logic—locating blame within individuals who fail to act on health promotion information in a timely way; and how both the present and the future are produced as fearful places, imbuing healthy lifestyle practices with anxiety. Such analysis highlights temporality as oppressive and limiting in discourses of healthy living, and below, we develop our critique by considering the literature that points to the ramifications of disjunctures between the simple linear temporalities of health promotion and the complex temporalities of lived experiences of lifestyle management and change.

3 | TIME IN HEALTH AND LIFESTYLE RESEARCH

Though a focus on time is relatively rare in health research (Stronge, 2012), biomedical research reports unstable and non-linear processes in healthy lifestyle practices (e.g., Dombrowski, Knittle, Avenell, Araújo-Soares, & Sniehotta, 2014). A similar pattern is found in the context of ill health. For example, Jowsey's (2016) literature review of time in chronic illness identifies multiple, relational, and embodied temporalities. And as we discuss below, in critical-theory-oriented research, there is also a small body of work suggesting that multiple temporalities are evident in people's experiences of health that do not map onto the simple linear temporalities or absences in health promotion outlined above.

Research on online representations of health in relation to weight loss, eating, and exercise offers evidence for the importance of multiple temporalities in engagement with lifestyle advice. For example, in her analysis of the commercial weight loss organisation, Weight Watchers Online, Coleman (2010) showed how its website constructed fluid, multiple time frames relating to dieting in order to manage the contradiction that weight loss was constructed as simple and easy to achieve but also cyclical in that customers might repeatedly return to address subsequent weight gain. Coleman showed how the site worked to bring the desired future (thinner) self temporally closer to the present self, constructing an ultimately linear journey towards the goal of weight loss, despite the cyclical nature of weight loss and weight gain evident in the section of the site dedicated to returners.

Riley and Evans (2018) found a similar pattern in user-produced/shared online content of fitness-related microblogs (e.g., Fitblr). Locating such "fitspiration" within a postfeminist transformation imperative in which "good" women work on their bodies to meet cultural ideals while understanding this work to be motivated by personal choice, Riley and Evans observed that temporal references maintained the legitimacy of the transformation imperative despite an expectation of failure. For example, they analysed motivational statements relating to time, such as "every day is a fresh start," as negating the failed past self while bringing the (potentially) successful future self into the present.

Stronge's (2012) research with people undertaking health screening also identified tensions arising from complex temporalities, as feared futures and past histories were experienced in an uncertain present for people awaiting screening-test results. People negotiating lifestyle advice after coronary heart disease also showed a simultaneous drawing on of past, present, and future capacities. Participants juxtaposed futures of limitless possibility after treatment with embodied experiences of tiredness and the acknowledgement of the possibility of an incomplete recovery, all within a broader time frame of ageing (Robson, 2016).

The above research highlights a multiplicity of time frames and durations of health, illness, and recovery in contrast to the unitary, linear temporalities of health promotion. There is a need for theoretical models that recognise bodies as always situated in time and place (Adams et al., 2009; Evans, 2010), that can account for this complexity of the lived experience of time (Mol, 1999), and that acknowledge the potential for harm in linear narratives of lifestyle change (Warin et al., 2015; Williams, 2011). Below, we outline a theoretical framework based on the philosophy of Deleuze. We argue that his work enables a mapping of the ways that people experience multiplicity, non-linearity, and fluidity in relation to their health, how people can be oppressed and limited by and also transform discourses of healthy living in affirmative ways, offering new directions for health promotion.

4 | TOWARDS A CRITICAL THEORY OF TIME

Deleuze's theory of time is complex and integral to his philosophy, but we focus here on his notions of time as multiple and parallel, affective, and embodied. Time is usually understood as linear, unitary, unidirectional, and imagined in terms of space, where the past, present, and future are separated into discrete, successive segments. But Deleuze drew on the philosophy of Henri Bergson, whose theory of duration rejected traditional understandings of time as an external force, within which events and lives occur. For Bergson, human and non-human existence does not unfold within time; rather, Bergson argued that time is the process of change and differentiation itself:

usually when we speak of time we think of the measurement of duration, and not of duration itself. But this duration which science eliminates, and which is so difficult to conceive and express, is what one feels and lives. (Bergson, 1946, 2007, p. 11)

Bergson thus conceptualised duration as the productive unfolding of subjectivity. Time or duration is the process of becoming itself, an “unceasing creation, the uninterrupted up-surge of novelty” (Bergson, 1946, 2007, p. 16), which accounts for the production and coexistence of multiple and parallel time frames as “we can picture to ourselves as many durations as we wish, all very different from each other” (Bergson, 1921, 1999, p. 47). The importance of considering multiple temporalities is further developed when we consider that they produce multiple subject positions, as “times are made with processes and ... such processes make beings” (Williams, 2011, p. 19; Barad, 2003). These different subjectivities create different possibilities for how a person may engage with lifestyle advice. For example, notions of a past athletic self might motivate engagement through positive emotions evoked by memories of that self enjoying exercise, but this might be counteracted by a more fatalist consideration of family history of early death. Temporalities are therefore affective and embodied, as people draw and act on family history, past, present, and future selves in negotiations of lifestyle change.

In traditional notions of time, the present barely exists—it is always moving into the future or being swallowed up by the past, but Deleuze conceptualises a “living present” in which both past and future are embodied in present affects, such as hope and fear of future illness, for example (Deleuze, 1988b, Deleuze, 1994, Loewen Walker, 2014). Rather than a successive progression from past to future, Deleuze proposed that the past and the present coexist, since “there is no present that is not haunted by a past and a future” (Deleuze, 2005, p. 36). Time is affective and embodied, as memories and future imaginings are experienced in the present. Pasts and futures are not separated from the present and cannot be discounted, in contrast to the way that, for example, lifestyle advice in health promotion or user-generated fitspiration offers the possibility of a “new self,” or achieving a stable state of health despite inevitable processes of ageing.

Deleuze's understandings of time are integral to other key principles in his philosophy, which can be brought together to provide a set of analytics for rethinking subjectivity in relation to temporalities of health and health promotion. The interdependent principles of monism, matter, and rhizomatic connections; process ontology, affect, and becoming; and assemblages are discussed below.

4.1 | Monism, matter, and rhizomatic connections

Deleuze adopted Spinoza's concept of immanence, in which all forms of existence and matter are conceptualised as a single substance folded into different manifestations and forms, both material and non-material (Deleuze, 1988a). In Spinoza's monist model, there is one substance that forms into different modes, each of which has attributes of both physicality (“extension”) and thought. A human being can thus be considered as a body under the attribute of extension, and as a mind under the attribute of thought, but these attributes are parallel and indivisible, two sides of the same object. This conceptualisation can be contrasted to Cartesian dualism of mind and body (Deleuze, 1988a). One implication of Spinoza's monism for health is that there can be no cognitive or intellectual experience that is not also embodied, dissolving distinctions between mind, body, and emotion. Temporality is therefore always embodied and affective, with past and future experienced as dimensions of a living present (Loewen Walker, 2014; Stronge, 2012).

Deleuze and Guattari (1987) conceptualised immanent existence as rhizomatic—a series of ever-expanding and proliferating lateral, non-linear, multiple connections and relations, analogous to the way that grass roots spread out laterally, interconnecting and forming multiple nodes and hubs. The concept of rhizomes has implications for understandings of time and health because a rhizomatic reality is an ever-evolving series of processes that are dynamic, non-linear, and unpredictable rather than stable and systematic. Consequently, an individual is not a prior, bounded, and stable being, but instead, is part of and produced by continuous, fluid, unpredictable connections and

relations that actualise subjects and objects (Deleuze, 2001). This understanding contrasts with social-cognitive models of health promotion that conceptualise lifestyle change as a linear process that creates a stable healthy body. Deleuze's philosophy thus encompasses a process ontology, which conceptualises the nature of reality as a constantly unfolding, dynamic process of "becoming."

4.2 | Deleuze's process ontology, affect, and becoming

Time is central to Deleuze's process ontology, with the notion of becoming encompassing processes of subjectivity that have no stable present or final form. The process of becoming is not a stage in a series of events, but rather the process of change itself that continually produces the new. From this perspective, the self is "a constantly changing assemblage of forces, an epiphenomenon arising from chance confluences of language, organisms, societies, expectations, laws" (Stagoll, 2010, p. 27). Becoming is an openness to change, to the formation of new relations as subjectivity is constituted by relations of exteriority produced in the interactions between bodies, discourses, and objects (Deleuze, 1995).

Deleuze and Bergson's theories afford a rich conceptualisation of time in which the virtual—what is imagined in the future, for example—and the actual are equally real. Events open up rather than close down possibilities, as the virtual is actualised in processes of becoming, producing new virtualities that increase the potential for further, novel actualisations. This novelty "is what time is if anything at all: not simply mechanical repetition, the causal effects of objects on objects, but the indeterminate, the unfolding, the emergence of the new" (Grosz, 2000, p. 230), troubling the certainty of health promotion's linear predictions (Adams et al., 2009) and accounting for experiences of multiple, embodied temporalities of health (Jowsey, 2016; Stronge, 2012).

Tied into the idea of becoming is affect, conceptualised as the encounters between human and non-human bodies that dynamically impact on each other. Affects that increase capacities to form relations are registered as positive or joyful, and those that diminish them as negative (Deleuze, 1988a, 1988b). Deleuze adopted Spinoza's differentiation between emotion and affect, whereby emotions are the body's registering and consciousness of affective encounters. Affect is integral to understanding existence as a process of becoming rather than a state of being, since affects are relational and processual, "the unfolding of personal powers to act and understand within a complex web of forces made up by a world of finite beings and things *affecting* one another" (Brown & Stenner, 2009, p. 97).

Affects can take place on a physiological ("micro") level, or a social ("macro") level, each with their own temporalities—speeds and slownesses—that produce multiple subjectivities and account for the impact of diverse social, environmental, and material encounters on human health. The duality of outside and inside, and external and internal that is part of traditional models of health is therefore overcome, allowing "fluid, relational understandings of the ways that social relations become folded into patterns that come to be seen as individual bodies" (Tucker, 2010, p. 514). Experience is then "infolded so that the outside (culturally derived categories) becomes inside (lived experience)" (Tucker, 2010). Deleuze's theory of affect overcomes the separation of the personal and the social, mind and body, accounting for how external social forces act upon the individual (Massumi, 2003). His philosophy offers a "lexicon of relatedness, complexity and instability" (B. Gough, personal communication, December 7, 2016) that stands in opposition to lifestyle discourses of stable states and individualistic, cognitive decision making.

4.3 | Assemblages

To consider the proliferating, connecting rhizomes that might make up an individual's health at any one time, the term "assemblage" is used (Duff, 2014). An assemblage is a dynamic grouping of elements and forces that have material and non-material dimensions (Deleuze & Guattari, 1987), a confluence of forces and elements such as bodies, technologies, politics, and economics (Stagoll, 2010). Assemblages of health thus capture complexity and multiplicity, including treatments, diagnoses, private and public health industries, instrument makers, pharmaceutical companies,

research, lifestyle advice, as well as material objects such as food, medicine, and running shoes. Assemblages are also temporally and spatially organised, so they belong to and vary according to their historical and geographical context, and the concept has been widely applied to the complexities of health, including mental health (Duff, 2016; Tucker, Brown, Kanyeredzi, McGrath, & Reavey, 2019), drug use (Malins, 2004), and neuroscience (Sampson, 2017).

Assemblages are defined by their relations and dynamics rather than by their components, “a multiplicity which is made up of heterogeneous terms and which establishes liaisons, relations between them ... the assemblage's only unity is that of co-functioning” (Deleuze & Parnet, 2002, p. 69). Deleuze and Guattari (1987) also emphasised the performativity and productivity of assemblages, through which they reframe traditional scientific inquiry about what things are into questions about how they work and what they do. The body is therefore not defined by what it is but by external relations with the bodies and forces with which it connects, rejecting notions of a stable, essential, bounded self and facilitating an understanding of human experience and subjectivity as emergent from relational processes.

Assemblages are in a constant state of flux, stabilisation, and change. Deleuze and Guattari (1987) used the terms territorialisation and deterritorialisation to conceptualise the dynamic processes of assemblages, which might appear to stabilise (territorialisation) even while they are in the process of flux. Applied to lifestyle change, for example, an individual might work on the body to achieve a particular goal facilitated by a discourse of self-improvement, itself supported by a fitness industry and wider neoliberal health policies that encourage individuals to take up exercise. This point might feel fixed, but deterritorialisation—the dynamic reforming of elements in the assemblage—will follow when an injury or changing life circumstances produce new affects, behaviours, and bodies in relation to exercise. Change is thus a constant rather than as phenomenon that requires explanation.

Assemblages also offer a conceptual tool for rethinking agency, a key concept in health promotion (Lefebvre, 2000). Since “humans are always in composition with non-humanity, never outside of a sticky web of connections” (Bennett, 2005, p. 365), assemblages “decentre” an autonomous, bounded self, and therefore human agency. Instead, individual agency is reconceptualised as an “intra-active entanglement of multiple agencies” (Van de Putte, De Schauwer, Van Hove, & Davies, 2017). In relation to health and lifestyle advice, using assemblages as the basic unit of analysis therefore disrupts simple causal explanations, the linear logic of information leading to behavioural change, and the personal responsibility and blame if people fail to work on themselves, or if this work fails to bring about the desired betterment.

A Deleuzian approach that offers an alternative to linear logic of behavioural or social-cognitive-based health promotion also opens up possibilities for more affirmative ways of engaging with multiple time frames of lifestyle management, illness, and death. Fatalism is usually understood as problematic since it challenges understandings of health as under individuals' control through adherence to lifestyle advice (Gard & Wright, 2001). But people can draw on multiple time frames to construct and negotiate risk in ways that more positively reposition fatalism as acceptance of life's inevitabilities. For example, in research on lifestyle change, some participants facing ill health in the context of the stigma associated with lifestyle diseases took comfort in fatalism and acceptance rather than narratives of personal responsibility. Others disengaged with lifestyle imperatives by drawing on a fatalistic “long view” of a lifespan and inevitable death to position over-concern with healthy eating as futile (Robson, 2016). But even in such apparent disengagement, there are complexities, parallel temporalities, and affirmative orientations to health. For example, alternative goals of enjoying life and savouring pleasures may buffer against the anxiety evoked by lifestyle advice, a form of “ballast against wearing out” (Berlant, 2011, p. 116), which may also open up the possibility of engaging more affirmatively with lifestyle advice in ways not motivated by guilt over illness or fear of death (Robson, 2016). Such an affirmative rethinking of fatalism is in contrast to models of lifestyle advice, which, in neglecting the temporal complexity and difficulty of achieving and maintaining lifestyle change, produce abject subjectivities and spoiled health identities in the many who are unable to meet its ideals (Robson, 2016; Tischner & Malson, 2012; Williams, 2011).

There is now a significant critical literature highlighting the damaging effects of discourses of health responsibility that lay the blame of illness on the individual and which in so doing create abject subjectivities (Stacey, 1997; Willig, 2011). Taking the position that health promotion can be unethical and do harm, we draw from Deleuze's philosophy

of a more affirmative ethics to inform a framework for lifestyle advice. Deleuze's argument that scientific inquiry should ask how things work and what they do rather than what they are directs us away from categorisations and judgements based on intrinsic qualities or moral frameworks, towards evaluations based on a consideration of ramifications and affects—both positive and negative—that arise in relations between bodies (Deleuze, 1988a; Duff, 2014). A focus on the varied affects within an assemblage on bodies' capacities and powers disrupts stable categories of healthy and unhealthy, bad and good, to produce a local, embodied, personal ethics and a refusal of abject subjectivities and bodies. For example, a prescribed exercise class as part of recovery from coronary heart disease may be experienced affirmatively by increasing a patient's capacities, connectedness, or pleasure. But equally, exercise may diminish or disempower through fear of a recurrence of chest pain, a dislike of physical discomfort, or through feeling judged, out of place, or embarrassed, with such affects coexisting, persisting, changing, and recurring over time (Robson, 2016).

5 | CONCLUSION

Deleuze's philosophy of time troubles unitary, linear conceptions of both time and health. Instead, he offers concepts that enable an exploration of the complex processes at work in lifestyle practices, change, and advice. Directing attention to the assemblage of material, embodied, discursive, and affective temporalities of lifestyle change affords a mapping of the diversity of engagement and non-engagement in healthy lifestyle advice. A Deleuzian framework therefore provides a toolbox for challenging current reductive accounts of how lifestyle change may be instituted and sustained, and it points to new and more affirmative directions for thinking and advising about health in relation to time.

This paper therefore makes two important contributions to the field of health promotion and critical health studies. First, it shows that despite time being rarely considered in health research and promotion, attending to multiple temporal realities reveals complexity in people's engagement with healthy lifestyles and coexisting and distinct temporal realities of health, wellness, or disease. Second, the interconnected analytics we present, drawn from a close reading of Deleuze and Deleuzian-informed work, provide the tools to create a framework for developing health promotion that is capable of engaging with the temporal complexity of people's sense making around health. This framework offers a significant departure from behavioural and socio-cognitive models, which currently dominate health promotion and advice, despite a lack of efficacy and ethical concerns articulated in the critical health literature (Baum & Fisher, 2014).

From a Deleuzian perspective, people negotiate multiplicity in their experiences of lifestyle advice and change as simultaneously effortful and simple, valuable and futile, sometimes negative, but also affirmative if it opens up new capacities and ways of being (Robson, 2016; Warin et al., 2015). The dynamism of health can be understood as an unfolding of novel relations rather than predictable and controllable patterns of behaviour. Shifting temporalities afford different and contradictory constructions, positions, and practices of dietary and lifestyle management, creating intricate patterns of adoption, resistance, and transformation. Uncertainty disrupts the anticipated futures of health promotion (Adams et al., 2009), but rather than producing disengagement, can open up hopeful spaces and possibilities for increased capacities, eating and exercising for pleasure, and serenity through self-acceptance (Massumi, 2003; Robson, 2016; Vogel & Mol, 2014).

Understanding temporalities of lifestyle change as affective and embodied offers insights into processes by which abject bodies and subjectivities are produced in the "violent relation" between linear and non-linear models of time (Williams, 2011). Thinking with assemblages disrupts the logic of blame and guilt implicit in sequential, rational models of lifestyle decisions. Attending to lived experiences of time can become a source of alternative knowledges that disrupt anticipatory regimens of health promotion, as "experiences of living eventually contradicts our collective fantasy that the body is stable, predictable, or controllable" (Garland-Thomson, 2011, p. 603). Alternative positions and practices become more valued and generative through recognition of the resourcefulness with which people negotiate the material, affective temporalities of lifestyle change. Deleuze's philosophy thus offers not only an

alternative way of understanding human experience in the novel unfolding of time, but also the possibility of an affirmative ethics upon which to base and navigate lifestyle advice and change.

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